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April 14, 2016

NSAB Celebrates 46th Annual Earth Week

By MCSN WILLIAM PHILLIPS
NSAB Public Affairs staff writer

Naval Support Activity Bethesda (NSAB) celebrates the 46th Earth Week starting April 18 with a series of themed events.

The events kick off with a Science, Technology, Engineering and Mathematics forum featuring speakers from NASA and a retired naval officer, according to Karrie Reckley, natural resources program manager for Public Works Department, Bethesda.

The forum will be held in Walter Reed National Military Center's (WRNMMC) Clark Auditorium April 19 from 12 p.m. until 3 p.m.

The speakers are: Dr. James Iron, deputy director of the Earth Sciences Division at NASA Goddard Space Flight Center (GSFC); Dr. Carlos Del Castillo, chief of the Ocean Ecology Laboratory at NASA GSFC and retired Navy Cmdr. David Fryauff, former deputy head of Military Malaria Vaccine Program. During the forum, each speaker will have structured time to present, and there will be allotted time for questions and answers after.

During Earth Week, NSAB will focus on maintaining a clean, litter-free base with a clean-up April 20.

"We will have a base-wide clean-up that includes all areas of NSAB except the construction areas, for safety reasons," said Reckley. "The base clean-up will mostly be picking up trash and separating recycling. Whatever we can recycle will go into the recycling stream, the things that can't will go into the regular trash stream.

"After the cleanup we will do a celebratory BBQ at the [Morale, Welfare and Recreation Sports Complex] pavilion."

Taking action during Earth Week is not the end of the effort, however. Environmental knowledge and awareness to carry through the rest of the year is also a key initiative.

"There will also be an environmental educational fair, which will be held on Main Street in [WRNMMC]," said Reckley.

The fair will have vendors from the Washington Suburban Sanitary Commission and Montgomery County Recycling Center (MCRC), who will share ways to live a greener life, said Reckley.

"[MCRC] is who we report all of our recycling activity to," said Reckley. "Being a DoD facility, we have to divert so much of our municipal waste stream [to recycling], so they are coming out to educate our



46th EARTH WEEK!
18-22 April 2016
Clean Out Your Files Week



WEEKLY EVENTS (OPEN TO ALL):

Tuesday 19, 2016:

NASA/Navy - Guest Speakers Forum

Bldg. 10 Clark Auditorium • 1200-1500

Wednesday 20, 2016:

Base wide Cleanup Bldg. 62 • 1100-1300

Make up Rain Date: Thursday 21, 2016

To Volunteer contact via email brian.hillis@navy.mil or 301-295-2715

2nd Class Petty Officers are encouraged to participate

Environmental Educational Fair Main Street Bldg. 7 • 0930-1400

Thursday 21, 2016:

NSAB Open Remarks at 1130

Tree Planting Bldg. 83, USO Building • 1200-1300

Friday 22, 2016:

Cody & BJ Presentations "Open to Child Development Center Children"

Call NSA-BETHESDA Environmental

Programs Department at: (93) 295-6398

OR email alexia.martinez1@navy.mil



Five Things Sailors Should Know During Election Season

By DEFENSE MEDIA ACTIVITY

As service members and representatives of the U.S. Navy it is important to understand what is appropriate behavior during election season. The following guidelines are here to help you actively participate in the political process in a way that adheres to Navy core values.

1. By all means, rock your vote. DoD encourages all service members and federal civilian employees to register and vote. The Federal Voting Assistance Program is in place to ensure everyone has the resources, time and ability to do their civic duty. Voting assistance officers at every level of command are trained and equipped to provide voting assistance.
2. As representatives of the U.S. Navy and DoD, the goal is to avoid the appearance that the military is sponsoring a specific candidate, party, campaign or cause.
3. To that end, active duty members may NOT engage in ANY partisan political activity. This includes: campaigning for a candidate, soliciting contributions, marching in a party or candidate parade and wearing a military uniform to a party or candidate event. This goes for online too. Active duty members may NOT post or make direct links to a political party,



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- partisan political candidate, campaign, group, or cause because such activity is the equivalent of distributing literature on behalf of those entities or individuals, which is prohibited.
4. It's OK to like the Facebook page, or follow the Twitter account of a political party or candidate, campaign, group, or cause as long as the service member refrains from engaging in activities that would constitute political activity such as suggesting that others like, friend, or follow the political party, political candidate, campaign, group, or cause, or forwarding an invitation or solicitation from said entities to others.
 5. It is also OK for an active duty member to express his or her own personal views on public issues or political candidates on social media (Facebook, Twitter, personal

blogs, etc.) as long as it's clear that the views expressed are those of the individual only. If an individual is identified on a social media site as an active duty member, posts like this should clearly and prominently state that the views expressed are those of the individual, not that of the Navy or DoD at large.

It's your right to vote and participate in the political process. But do so responsibly, in a manner that preserves the integrity of the U.S. Navy to serve our elected leaders. Use common sense and when in doubt consult NAVADMIN 055/16 or check with your chain of command.

For more information, contact John Leitzinger, Naval Support Activity Bethesda's voting assistance officer, at 319-2560 or john.f.leitzinger2.civ@mail.mil.

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Bethesda Notebook

Blood Donors Needed

The Armed Services Blood Program will host a blood drive at Walter Reed National Military Medical Center today from 9 a.m. to 1 p.m. in the Arrowhead Building (Bldg. 9). Walk-ins are welcome, but appointments are appreciated. Appointments can be made at www.militarydonor.com using the sponsor code "NNMC."

Medical Volunteers Needed

Registered nurses and physicians are needed to volunteer at the African American Health Program (AAHP) Community Day 2016, which will be held on April 16 from 7 a.m. to 2 p.m. at Argyle Middle School in Silver Spring, Md. The event is being held in recognition of National Minority Health Month. The event is free and open to all. Attendees will experience the "Taste of Nutrition," group fitness activities, and screenings for blood pressure, cholesterol, diabetes, prostate cancer, carbon monoxide, waist circumference, body mass index, HIV, and others. To learn more about AAHP, visit <http://www.onehealthylife.org>, or call 240-777-1451.

Sexual Assault Awareness

In observance of Sexual Assault Awareness and Prevention Month (SAAPM), there will be lunch and learn session every Wednesday in April from 11:30 a.m. to 1 p.m. in the Memorial Auditorium at Walter Reed National Military Medical Center. Everyone is invited to attend. Other events scheduled include a "Strike Out" Sexual Assault bowling event at the Naval Support Activity Bethesda bowling lanes on April 19 from 11 a.m. to 2 p.m. (Wear Teal Day); a two-day Rape Aggression Defense Workshop on April 22-23 (registration is required); Denim Day on April 27; and an Empowerment Relay on April 30 from 8 to 11:30 a.m. For more information about events, contact Kim Agnew, Monique Greene or Rosemary Galvan at 301-442-2053.

Naval Support Activity (NSA) Bethesda

Commanding Officer: Capt. Marvin L. Jones
Public Affairs Officer: Ronald D. Inman
Public Affairs Office: 301-295-1803

Journal Staff

Supervising Editor: Shejal Pulivarti
Managing Editor: MC2 Hank Gettys
WRNMMC Editor: Bernard Little

Staff Writers: MC1 Christopher Krucke, MCSN William Phillips, Andrew Damstedt, Sharon Renee Taylor, Joseph Nieves, Jamie Petroskey

NSA Bethesda
Fleet And Family Support Center: 301-319-4087

Walter Reed National Military Medical Center
Office of Media Relations: 301-295-5727

NSAB Emergency Information Line: 301-295-6246
NSAB Ombudsman: Michelle Herrera, 240-370-5421

NSAB Chaplain's Office: 301-319-4443/4706
Kimberley Agnew: 301-400-2411
Installation SARC: Monique Green, 301-400-3366
Rosemary Galvan: 301-319-3844
Troop Command SARC

SARC 24/7: 301-442-2053
SAPR VA 24/7 Helpline: 301-442-8225

April is National Donate Life Month

By **SHARON RENEE TAYLOR**
WRNMMC Public Affairs staff writer

“As Americans, we can demonstrate our commitment to one another in the most difficult of circumstances through organ, tissue, stem cell, and blood donation.

“During National Donate Life Month, we honor donors who provide others with a second chance for a healthy life and encourage more Americans to share this precious gift,” explained President Barack Obama in his National Donate Life Month proclamation April 1 to increase organ donation.

According to Obama, over 100,000 Americans await donation on the Organ Procurement and Transplantation Network waiting list. Many will receive a lifesaving transplant, he said, but for some, help will not come fast enough.

The Organ Transplant team at Walter Reed National Military Medical Center (WRNMMC) is working with the White House Office of Innovation to take advantage of an initiative to increase awareness of the WRNMMC Organ Transplant Program during the month of April.

WRNMMC performs an average of 25 transplants per year, according to officials here. The medical center maintains a living donor kidney transplant program that participates in national paired kidney exchanges. The wait-time for a kidney transplant at WRNMMC is shorter than the national average.

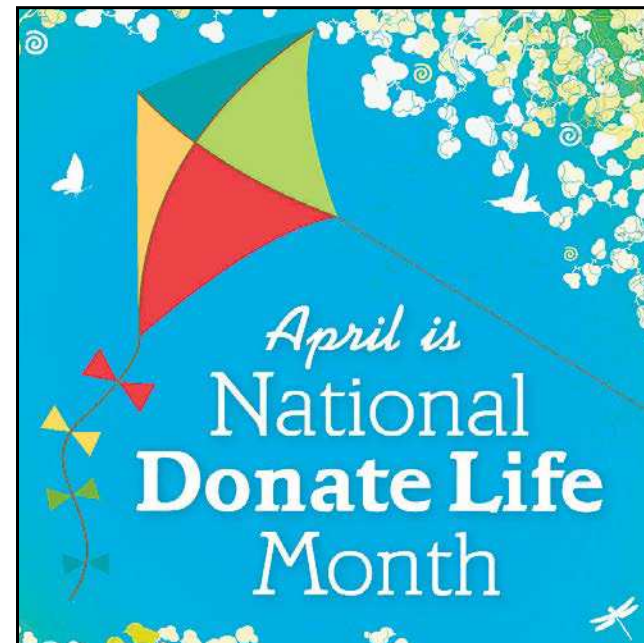
The WRNMMC transplant program follows post-transplant patients progressively over their lifetime and very closely for the first year, according to Army Maj. (Dr.) Jason Hawksworth, transplant chief at WRNMMC.

“We discovered long ago that the best way to serve our patients was to have physicians, nurses, transplant coordinators, pharmacists, psychologists, social workers, and dietitians all literally sitting at the table together, addressing not only the complex medical issues but also psychosocial and emotional needs,” said Hawksworth. “And we’re very fortunate and grateful to have this dedicated support from other services permanently embedded in our clinics.”

According to Hawksworth, the success rate for kidney and patient survival at WRNMMC is higher than national averages reported by the United Network for Organ Sharing. All TRICARE-eligible beneficiaries and Veterans Affairs patients with end-stage kidney disease are eligible for care.

“Patients know [that] if they have a transplant here at WRNMMC, the likelihood of them surviving and their [transplanted] organ maintaining is really good,” he said. “That’s important for our patients who come from all over the country to get transplant care here, to show that they’re getting the best possible care that they can.”

The president’s proclamation explained that



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there is no age limit for donors, and because some conditions and blood types are more common within certain ethnic and racial populations, the Department of Health and Human Services especially encourages minorities to consider donation.

Visit OrganDonor.gov to learn more about the urgent need for donors and to find resources on how to donate, call the WRNMMC Nephrology Dialysis and Organ Transplant Center at 301-295-4331.

NSAB Recognizes Month of the Military Child

By **ANDREW DAMSTEDT**
NSAB Public Affairs staff writer

Throughout April there are several different activities onboard Naval Support Activity Bethesda (NSAB) for military children as the installation recognizes Month of the Military Child.

NSAB’s Fleet and Family Support Center (FFSC) is hosting a Health and Fitness Fair Saturday to promote a healthy lifestyle in children and NSAB’s

Child Development Center (CDCs) has daily activities, culminating in an Olympics-style event April 29.

This is the fifth year for the Health and Fitness Fair at NSAB, which starts after the Armed Forces Kids Fun Run Saturday. The event will be in the atrium and gym of Building 17 from 10 a.m. to 1 p.m.

“We want to honor military children,” said Anna Rhodes, FFSC education services facilitator. “And health and fitness is something that is important to the military, so it’s a great way to get the kids out and show them there are a lot of fun activities they can do.”

At Saturday’s Health and Fitness Fair, there will be several organizations with activities to promote how their organizations help children. For example, last year a diabetes educator asked children to guess which items on her table had the least amount of sugar, Rhodes said.

To encourage visits at each station, each child will be given a “passport” and will get a stamp at each table that can be handed in for a prize, said Ursula Rocha, FFSC new parent support nurse.

“It’s a way for families to get out and see what services are available to them,” Rocha said.

The fair is geared towards children up to 13 years old. In addition to the information tables, there will be an obstacle course, video game set up with fitness-related activities and other activities.

“Come out, have a good time,” Rhodes said.

The CDCs chose to promote a healthy lifestyle with an Olympics theme during their celebration of Month of the Military Child, said Jamila Aziz, NSAB Child & Youth Program Oversight Director.

“We decided to go with Olympics and include health and fitness because in order to compete,

you have to be healthy with nutrition and physical activities,” Aziz said.

So the children will be given healthy foods, such as smoothies and fruit salads, and also participate in exercises such as yoga and family Zumba. During the week of April 18, parents are encouraged to join their child’s class for outdoor play and the week of April 25, parents are invited to come play sports with their child.

On April 29, the CDCs big celebration is centered on parents and their children competing in an Olympics-style event where there will be relay races, scooter races and an obstacle course.

In 1986, the Department of Defense designated April as Month of the Military Child to recognize the personal sacrifices and contributions of military children.

“We appreciate everything the military member does for us to protect our country and we honor them and we’re here to help them raise their child,” Aziz said.

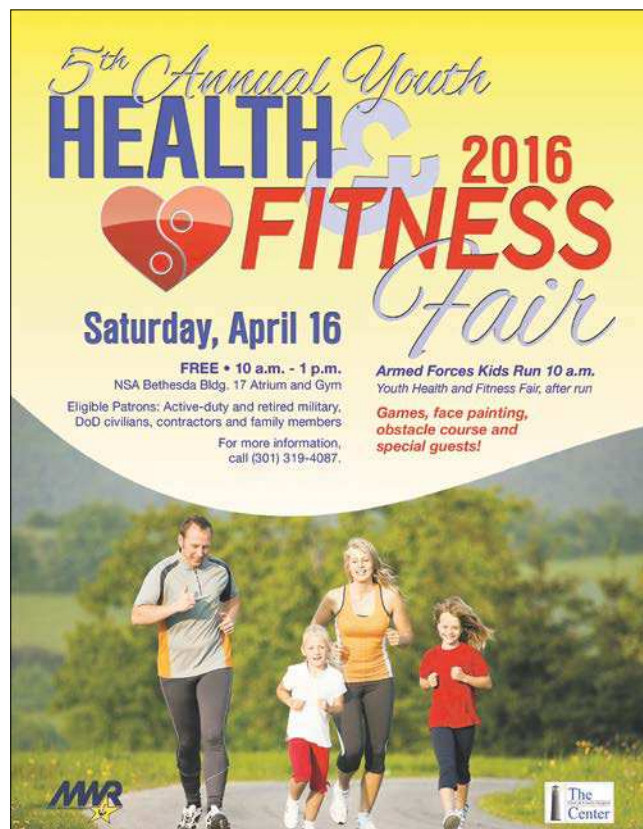
April is also Child Abuse and Neglect Prevention Month, and the FFSC is holding a Stroll for Safety event April 28 at 11 a.m. at the MWR Sports Complex.

This is the first time for this event on NSAB – which will have parents walk around the track pushing strollers.

“We’re then going to talk about different safety topics,” Rocha said, mentioning topics such as distracted parenting, children’s electronic usage and household safety.

Rocha said it’s a good way for people to meet other parents in the area.

“This is not an installation where most families are living [on base] so we’re always looking for ways to bring people together to build those networks and support systems,” Rocha said.



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Pediatric Resident Earns National Research Award

Project Explores Developmental Effects of Neonatal Hypoglycemia

By **BERNARD S. LITTLE**
WRNMMC Public
Affairs staff writer

A pediatric senior resident at Walter Reed National Military Medical Center (WRNMMC) recently won a national award for her research concerning the developmental effects of hypoglycemia (low blood sugar) in the newborn period, which she will present at one of the world's largest pediatric academic conferences next month in Baltimore.

Army Capt. (Dr.) Stephanie Berdy, a physician in the National Capital Consortium (NCC) Pediatric Residency Program, which includes WRNMMC, earned the Society for Pediatric Research (SPR) House Officer Research Award for her work "Neonatal Hypoglycemia and Developmental Outcomes in the First 5 Years." She will present her research and be recognized at the Pediatric Academic Societies (PAS) Meeting in Baltimore on May 2. More than 8,000 pediatricians, research scientists, health-care providers and

policy makers from around the world will attend the meeting, "united by a common mission: improve the health and well-being of children worldwide," according to Dr. Clifford W. Bogue, PAS program committee chair.

Berdy's co-authors for her project concerning neonatal hypoglycemia and development in children, included Army Maj. (Dr.) Jennifer Wherley and Navy Lt. (Dr.) Krystin Engelhardt, both from WRNMMC Department of Pediatrics; Elizabeth Hisle-Gorman, Ph.D., Uniformed Services University of the Health Sciences (USU) Department of Pediatrics; and Navy Capt. (Dr.) Gregory H. Gorman, USU and WRNMMC Departments of Pediatrics and program director of the Pediatric Residency Program.

A Georgetown University School of Medicine graduate, Berdy said she chose to specialize in pediatrics because, "as any pediatrician would tell you, I love caring for infants and children." The St. Louis native was commissioned through the Health Professions Scholarship Program (HPSP).

Concerning her research into neonatal hypoglycemia, Berdy



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Army Capt. (Dr.) Stephanie Berdy, center, holds the Meconium Cup recognizing the victory of the team from National Capital Consortium Pediatric Residency Program at Walter Reed National Military Medical Center in the annual American Academy of Pediatrics James W. Bass Pediatric Bowl in October.

stated hypoglycemia is the most common metabolic problem in the neonatal period, and the relationship between neonatal hypoglycemia and developmental delay (DD) is unclear.

"Although in the neonatal period, the criteria for and impact of hypoglycemia is controversial, I was inspired to do this research project after presenting an article on the topic for the Journal Club as a second-year resident.

The pediatrician explained she and her co-authors looked at the association between diagnosed hypoglycemia in newborns and development delay by age 5 years. "We also examined this relationship in infants with certain risk conditions for hypoglycemia, and how the presence or absence of those conditions affected their risk of developmental delay.

"We found that neonatal hypoglycemia is associated with developmental delay in various subtypes by age 5 years," Berdy continued. "Specifically, intellectual delay is most strongly associated with neonatal hypoglycemia."

She added hypoglycemic children with no risk condition and normoglycemic children (those who have the normal levels of glucose in the blood) with risk conditions (large or small for gestational age, infant of diabetic mother, and suspected sepsis), were at increased odds of any DD.

"Since many institutions have blood glucose screening protocols in their nurseries based on risk conditions, this finding suggests that it is those infants who are not likely to be screened for hypoglycemia who are most at risk for developmental delay," she added.

Pediatricians recommend high-risk

groups who should be screened for hypoglycemia within the first hour of birth include:

- Newborns who weigh more than 4 kg (about 9 pounds) or less than 2 kg (about 4 pounds)
- Large for gestational age infants who are above the 90th percentile, small for gestational age infants below the 10th percentile, and infants with intrauterine growth restriction
- Infants born to insulin-dependent mothers or mothers with gestational diabetes
- Gestational age less than 37 weeks
- Newborns suspected of sepsis or born to a mother suspected of having chorioamnionitis (inflammation of the fetal membranes — amnion and chorion — due to a bacterial infection, most often associated with prolonged labor)
- Newborns with symptoms suggestive of hypoglycemia, including jitteriness, tachypnea (abnormally rapid breathing), hypotonia (low muscle tone), poor feeding, apnea (suspension of breathing), temperature instability, seizures, and lethargy

"A major limitation of our study is the lack of correlating laboratory data from the neonatal period," Berdy added. "Our next step is to pull laboratory data on our cohort of infants to try and dissect what their blood glucose levels actually were after birth and how that relates to their rates of developmental delay."

Berdy's research abstract was one of three selected by independent

NSAB Celebrates Its Dispatchers



PHOTO BY MCSN WILLIAM PHILLIPS

Dispatchers from Naval Support Activity Bethesda's (NSAB) dispatch center cut a cake with Capt. Marvin L. Jones, NSAB commanding officer, April 12. NSAB recognized the dispatchers during a National Public Safety Telecommunicators Week celebration.

Kim Agnew: NSAB Sexual Assault Response Coordinator

By **ANDREW DAMSTEDT**
NSAB Public Affairs staff writer

Naval Support Activity Bethesda's (NSAB) sexual assault response coordinator got her start in helping sexual assault victims when she was assigned it as a collateral duty while stationed in Germany.

"I was 'voluntold' to do it, and that was early when the program came onboard," said Kim Tobiere-Agnew, NSAB's sexual assault response coordinator (SARC). "It was one of those things where we need someone to do this and it's going to be you."

After retiring from the Air Force, she took a job with the U.S. Department of Veteran Affairs, but didn't have day-to-day contact with veterans, so she looked for a new job. That search led her to NSAB where she once again began working with sexual assault victims like she did in Germany.

The NSAB sexual assault response programs follow both the Army and Navy guidelines and Tobiere-Agnew has training in both programs. She is assisted by a part-time Navy SARC, Monique Greene, and a full-time Army SARC, Rosemary Galvan.

"We're constantly coordinating to ensure that we're providing the proper services to meet the community needs as well as meeting the needs of each service so our victim response is the same no matter the uniform," Tobiere-Agnew said. "So if the person is in the Army, Navy, Marines – if they call our 24/7 number they're going to get one of our victim advocates or one of our SARCs."

The most important thing Tobiere-Agnew wants to get across is that the program focuses on helping the victim. She said she's seen the program evolve to be focused on the victims since the sexual assault prevention and response program was established by the Department of Defense in 2005.

"One of the greatest things that's come out in the last two to three years is the victim legal counsel,



PHOTO BY ANDREW DAMSTEDT

Naval Support Activity Bethesda Sexual Assault Response Coordinator Kim Tobiere-Agnew

which is a lawyer who advocates for our members who are victims of sexual assault," Tobiere-Agnew said.

Another change that's helped is putting civilians in the SARC role, she said.

"It changes the way a military person looks at the SARC," Tobiere-Agnew said. "It's different when I'm in uniform and I'm going to someone else in uniform, and I'm going to report something that's really drastic that has happened in my life. But when they come in and it's a civilian, it's different because you might be able to let go of that military layer."

The personal interaction and being able to help sexual assault victims is the most rewarding part of her job, she said. Sometimes she doesn't get as much interaction because of the work done by NSAB's 43 victim advocates who help handle several of the reported cases.

She said she couldn't do her job without the help of the installation's victim advocates who often have the assignment as a collateral duty like she once did.

"When they're called they've already worked a full day's shift and they're being called to respond to a sexual assault so the program would definitely not be what it is without the victim advocates," she said.

Those victim advocates were recognized during an April 5 proclamation and pledge signing to eliminate sexual assault in the military as part of the DoD's Sexual Assault Awareness and Prevention Month.

Tobiere-Agnew says she tries to make herself and the program known to the various commands on NSAB.

"I walk around and ask 'Do you know who your SARC is?'" she said.

She'll explain the role of a SARC, which is to oversee the program, but also makes sure people know about the services available to them. She'll leave them with her information, whether it's on a poster or a small card they can put with their ID badge with the SARC number (301-442-2053) and Safe Helpline (1-877-995-5247).

She also wants to make sure people know that her office is a safe place, so that is why she purposefully doesn't take notes when they come in to see her. She stressed that what is shared with her is protected.

"But if I see someone I know who they are or if someone comes into the office and they talk to me and report, and then I go and I walk down Main Street if I see that person I would say hello, but I say hello to everyone I make eye contact with. I will not ask them any questions in public about their case because that is how serious I am about protecting it," she said.

"I was in uniform and I know what it feels like and [know] that you need to share something that is so personal, you want to be able to trust them."

USU Holds White Coat Ceremony

PHOTOS BY TOM BALFOUR

More than 170 first-year medical students in Uniformed Services University's F. Edward Hebert School of Medicine recited the Hippocratic Oath as their families helped them don their

jackets during a white coat ceremony, April 8. USU's Associate Dean for Clinical Affairs and Chief Diversity Officer in the School of Medicine, Army Col. (Dr.) Jeffrey Hutchinson was the event's guest speaker.



STOP Child Abuse

By **CHYNA HOLMES-BRANTLY**,
LICENSED INDEPENDENT SOCIAL
WORKER, FFSC COUNSELING &
ADVOCACY SUPERVISOR

April is National Child Abuse Awareness Prevention Month, and during this time, as a community, we want to focus on assisting parents and caregivers with managing and coping with individual stressors/factors, which if not properly managed, can result in incidences of child abuse and/or neglect. Nationally, one in 10 children suffer from child maltreatment; one in 16 suffer from sexual abuse; and nearly one in 10, are witnesses to family violence. The youngest children are the most vulnerable to various forms of maltreatment. More than 25 percent of abused children are under the age of three while more than 45 percent of abused children are under the age of five. The number of children in the United States who have died due to abuse or neglect in 2014 is 1,580, according to the "Child Maltreatment 2014" report from the Administration for Children, Youth and Families report.

According to that report, the Administration on Children, Youth and Families identified that 75 percent of children suffered from neglect and physical abuse. These statistics are a frightening and brutal reminder of the hundreds of thousands of children who are suffering from this hidden epidemic.

According to the Code of Maryland Regulations, child abuse and child neglect are defined as:

- Physical injury not (necessarily visible) of a child under circumstances that indicate that a child's health or welfare is harmed or at substantial risk of being harmed.
- The failure to give proper care and attention to a child, leaving a child

unattended where the child's health or welfare is harmed or a child is placed in substantial risk of harm.

- An act or acts involving sexual molestation or exploitation whether physical injuries are sustained or not.
- Identifiable and substantial impairment of a child's mental or psychological ability to function.
- Finding credible evidence that has not been satisfactorily refuted that physical abuse, neglect or sexual abuse occurred.

The types or categories of child abuse are: Child Emotional Abuse, Child Neglect, Child Physical Abuse and Child Sexual Abuse.

Though there is no stereotypical child or family, here are some helpful tools that anyone can use to recognize and identify a child and family at risk. If a child appears excessively withdrawn, fearful, or anxious about doing something wrong; frequent injuries or unexplained bruises, welts, or cuts; injuries that appear to have a pattern such as marks from a hand or belt; clothes are ill-fitting, filthy, or inappropriate for the weather and a child who displays knowledge or interest in sexual acts inappropriate to his or her age, or even seductive behavior.

If you suspect that a child is being abused or if a child confides in you that they are being hurt by someone, it is important to keep calm and reassure them that you believe them and REPORT it immediately to your local authorities Child Protective Services and/or your installation Family Advocacy Program. To report an emergency child abuse situation, call 911. It is important to recognize that all healthcare providers, law enforcement, Department of Defense



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(DoD) child care providers, and command leadership are required to report all suspensions/acts of child abuse or neglect. Reporting does NOT require PROOF that abuse or neglect has occurred. Incidents are to be reported as soon as they are suspected. Professional judgment and knowledge should be used to evaluate any suspicion. Anyone making a "good faith" report is immune from civil liability and criminal penalty. The toll free reporting number is: 1-800-4-A-Child (1-800-422-4453).

These statistics and findings serve as a reminder to us all that each one of us CAN find a way to ensure safe and happy childhoods for children. Help begins with YOU. Programs and services to assist parents and caregivers, psychoeducational groups and counseling services are available to assist individuals in need to develop the tools needed to be a nurturing and supportive parents.

We know that families/parents struggle with multiple stressors: economic/financial; adjustment to the military lifestyle/deployments; mental health and substance abuse issues; and history of victimization/trauma that place them at greater risk for perpetuating the cycle of abuse and neglect. Family risk factors for child maltreatment include social isolation, fragmentation, or parents who are stressed, engaging in domestic violence, or the presence of poor parent-child relationships.

Child abuse is preventable. The DoD and its community partners are committed to promoting the development of safe, stable and nurturing relationships between service members and their children. For additional information and assistance, please contact the Naval Support Activity Bethesda Fleet & Family Support Center, Counseling & Advocacy Program at 301-319-4087.

Country Singer Jessie Chris Visits NSAB

PHOTOS BY MCSN
WILLIAM PHILLIPS

Jessie Chris, a country music singer, performs for and meets with fans at The Warrior Café on Naval Support Activity Bethesda April 7.



The Supper Club:

A Social Engagement That Saved A Life

By **SHARON RENEE TAYLOR**
WRNMMC Public
Affairs staff writer

The chime of glasses and the clink of silverware served as background music to the low buzz of table conversation and occasional outbursts of laughter during a monthly dinner of two Air Force general officers. The dinner, attended by retired Maj. Gens. John Weida and Kevin Kennedy along with their wives Bonnie and Allison, would serve as the beginning of an amazing journey which would save the life of one, and transform the life of the other.

Bonnie elbowed her husband at the table and said, "Hey, you need to tell Kevin and Allison what's going on with your health."

"I need a kidney transplant," Weida told them reluctantly.

"Take mine," Kennedy said without batting an eye.

"That blew me away," Weida said.

"Instead of saying, 'that's too bad. Hey, I'll pray for you,' Kevin said, 'I want to donate a kidney to you. Give me the paperwork,'" Weida recalled. "And his wife Allison said the same thing."

The retired general in kidney failure said he didn't know how to react. "I was speechless because of the immediate response, and I had difficulty processing the offer," Weida said.

Until the supper club, the two had been more acquaintances than friends.

They both entered the Air Force Academy in the summer of 1974 as cadets, Kennedy from the southwest desert of El Paso, Texas and Weida from the freezing cold of Minnesota. The two graduated in May of 1978. Although never stationed together, they would occasionally see each other over the decades at commander's conferences and academy reunions.

While Weida was stationed at the Pentagon, he and his wife Bonnie went out to dinner with three other couples once a month. Over the next five years, the couple got to know Kennedy and his wife Allison well.

"We became really, really good friends," Weida said.

"Now, he's a close friend, but you just don't expect a friend to, without hesitating, volunteer to give you a part of their body," the retired general explained. "You know, it's not borrowing a car. It's not like paying for dinner. It's someone risking their life. Kidney donation turns out to be a very measured risk, a limited risk, but still, that's a significant amount of pain and sacrifice to go through to help save a friend," Weida said.

"No doubt about it, this was just the right thing to do," Kennedy explained. "I wasn't going to miss the opportunity to do this if John needed it of me and I was qualified."

That started a journey to process the magnitude of that gift, the gesture, and the selflessness of the act. Weida said it made him think and process about giving to others, serving others, processing all of that, and then recovering from the transplant itself.

In 1997, he was a colonel serving as Deputy Director of Operations for U.S. Forces Korea when he was MEDEVAC'd from South Korea to Tripler Army Medical Center in Hawaii for a biopsy. The diagnosis: a systemic kidney condition called IgA nephropathy, a disease that damages the tiny filtering units of the kidney.

"After that, I was pretty much asymptomatic and seeing a nephrologist once every six months with no significant change until seven years later. In the spring of 2014, my blood work started showing degradation in my kidney function, and that rapidly progressed over the summer and early fall," Weida said. "My right kidney functioned at 14 percent and my left kidney had zero."

In October 2014, the testing began. Kennedy was cleared to donate to Weida. The transplant surgery took place on New Year's Eve, 2014 at Walter Reed National Military Medical Center (WRNMMC).

"John, Bonnie and Jenna [their daughter] were in a position of need," Kennedy said, "and I had an opportunity to lovingly serve. So we started our New Year's Eve celebration a bit early by going to surgery around 7 a.m."

On the morning of Dec. 31, 2014, Kennedy was taken to the operating room first to harvest the kidney. Toward the end of his surgery, Weida was brought in.

"We've got a picture of the kidney coming out of Kevin before it goes into me," Weida said.

"He got a 58-year-old used part, man," Kennedy explained. "But it's working for him, so that's good."

In the following days, the two generals saw each other quite a bit. Their rooms were next door to each other. They walked around the ward together for exercise. They saw service members injured in Iraq and Afghanistan.

"They had some lifelong implications to their injuries, and I think that was very humbling to think about—what we had gone through versus what they were going through really put everything in perspective, at least in our minds," Weida said.

"For a couple of days, my worst days, I would feel sorry for myself. Just about the time I'd convinced myself to stay in my little pity party, I'd walk past a Wounded Warrior, who would immediately snap me out of that frame of mind and remind me of how lucky I was," Weida recalled.

The person who donates the organ



COURTESY PHOTO

Retired Air Force Maj. Gens. Kevin Kennedy, left, and John Weida, right, pose for a photo at Walter Reed National Military Medical Center after recovering from surgery.

hurts more than the recipient in that first day or two. Kennedy stayed one more day in the hospital, so Weida left the hospital before him.

"I had a hard time saying goodbye to him because I felt bad knowing that he still had to stay another day, and I was the reason for that," the transplant recipient said.

"In Matthew 22 when the Pharisees were questioning Christ, asking him which is the greatest commandment, he said, 'Love the Lord God with all your heart, mind, soul, and strength, and love your neighbor as yourself,'" Weida explained.

"I've been a member of a Bible study with my church and our unofficial motto was 'Love God and Love Others.' I knew what that meant, and I knew where that came from, but it wasn't until I went through this experience that I understood in an in-depth way.

"On the front end of those surgeries, you don't know how it's going to come out: whether you'll be able to work again, whether the operation's going to be successful. So when you strip all of life's niceties away, you realize that at the end of the day, all you have is the love of God and the love of others.

"It's just an amazing thing that I learned and experienced. I found out that that's all you need, that's all that's really important, and that's what really gives you joy and peace in life," the transplant recipient explained.

"And that's all the powerful life, the quality of life that you get by living as God directs, ordains, and desires for you to walk," Kennedy said. "I have no doubt about it, that God brought this whole thing together, and it's been a

blessing, to my mind. It's just even more a blessing that John's so gracious about the whole thing. But I'm really glad that he's healed well, and I continue to pray for him."

According to Kennedy, donating the kidney changed his quality of life—it's made it better. "Life is just richer," he added. "That's what God says, 'If you walk in this benevolent path that I laid out for you, you're going to enjoy it so much. It'll make your life richer. It's going to make your quality of life richer.'"

"When you can make a difference in somebody's life it's really a powerful thing, and you can feel really good about it," he said. "An opportunity to radically enhance the lives of others through a spare part!"

On Dec. 31, 2015, the two couples and close friends celebrated more than New Year's Eve, they celebrated Weida's new-life birthday, "thanks to an amazing gift from God—a new kidney that bonds Kevin and I as 'blood brothers' forever," he said.

As of April 1, there are more than 121,000 people waiting for an organ in the U.S., according to the Department of Health and Human Services (HHS). HHS reports that each day, an average of 22 people die waiting for transplants that can't take place because of the shortage of donated organs.

The kidney is the most commonly transplanted organ from a living donor. To find out more about living donation or two register visit www.organdonor.gov. Contact WRNMMC's Organ Transplant Service at, 301-319-2841. The medical center maintains a living donor kidney transplant program that participates in national paired kidney exchanges.

AWARD

Continued from pg. 4

reviewers for the SPR to receive House Officer awards, according to Dr. Lawrence M. Rhein, assistant

professor of pediatrics at Harvard Medical School, director of the Center for Healthy Infant Lung Development at Boston Children’s Hospital, and a member on the SPR Student Research and House Officer Research Award Committee. “We received over 90 House Officer

abstracts, and your abstract received one of the best average scores. Congratulations to you for your outstanding work and receiving this great honor from SPR,” Rhein stated in a message to Berdy.

Army Col. (Dr.) Clifton E. Yu, chief of Graduate Medical Education at WRNMMC, stated Berdy’s research “is significant,” and “is already prompting further interest and inquiry from the pediatric research community.”

Gorman added, “This is a great honor, and [it is] now the second time in three years that a NCC pediatric and Army pediatric resident has won it.” Army Capt. (Dr.) Louis Lozada won the House Officer Research Award of the Society for Pediatric Research in 2013 for his work concerning if hyperbilirubinemia is a possible risk factor for autism in children.

The honor for Berdy was her second in recent months. In October, she was a member of the team of pediatric residents from the NCC Pediatrics at WRNMMC that won the annual American Academy of Pediatrics (AAP) James W. Bass Pediatric Bowl, beating the teams from Johns Hopkins Children’s Center and MedStar Georgetown University Hospital, who placed second and third respectively. The bowl combines questions about general pediatrics and subspecialties with others more likely to be found in a game of Trivial Pursuit, such as “What is the most common infection

to get from swimming in the Potomac River?” and “How many U.S. presidents were actually born in the hospital?”

Col. James W. Bass was a nationally known specialist in pediatric infectious disease and was chief of pediatrics at Tripler Army Medical Center, Hawaii. The AAP’s annual Challenge Bowl was named for Bass in 1994. The winning team earns the “Meconium Cup.” In addition to Berdy, other members on the NCC winning team were Air Force Capt. (Dr.) Jason Forbush, Air Force Capt. (Dr.) Jim Nugent, and Army Capt. (Dr.) Elizabeth Perkins.

The NCC Pediatric Residency Program is the largest and only tri-service military pediatric training program that traces its roots to those established in 1949 at the former Walter Reed Army Medical Center, and in 1954 at the National Naval Medical Center, predecessors to WRNMMC.

Each year, the NCC Pediatric Residency Program selects 13 physicians from the graduating classes of the USU and the HPSP for the three-year program.

“The residency and its faculty have a distinguished track record of training pediatricians who have proven capable of caring for children and adolescents in any environment – in tertiary care hospitals, isolated duty-stations, and the austere conditions of humanitarian and battlefield crisis,” according to Gorman.

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NSAB

Continued from pg. 1

patients, staff and guests that we are a highly recyclable facility.

"We should be recycling wherever we are and they are coming out to raise awareness and try to get people to recycle more."

Rounding out the public Earth Week activities, NSAB will plant a tree at the USO Warrior and Family Care Center at 11:30 a.m.

April 21, concluding with a cake cutting ceremony.

On April 22, the Child Development Center (CDC) will hold the final Earth week event, open only to children at the CDC.

"Friday at the [CDC] we are going to have a 'Cody and Bj' presentation, said Reckley. "Cody and Bj are educational singers for kids [who will be teaching] about the environment."

Even though NSAB is hosting week long festivities celebrating Earth Week, it has ongoing green campaigns throughout the year such as solar voltaic panels, a

ground source heat pump and green roofs, said Reckley.

To conclude, Reckley shared three ways individuals can make NSAB greener each day:

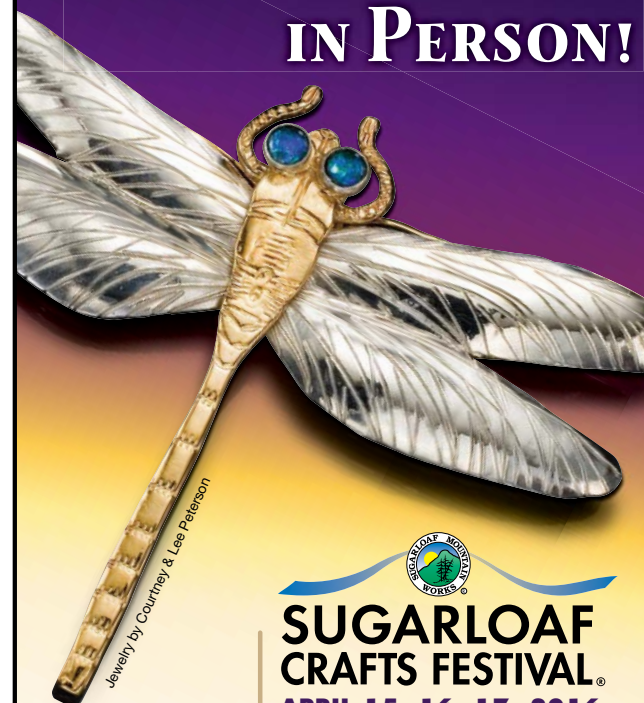
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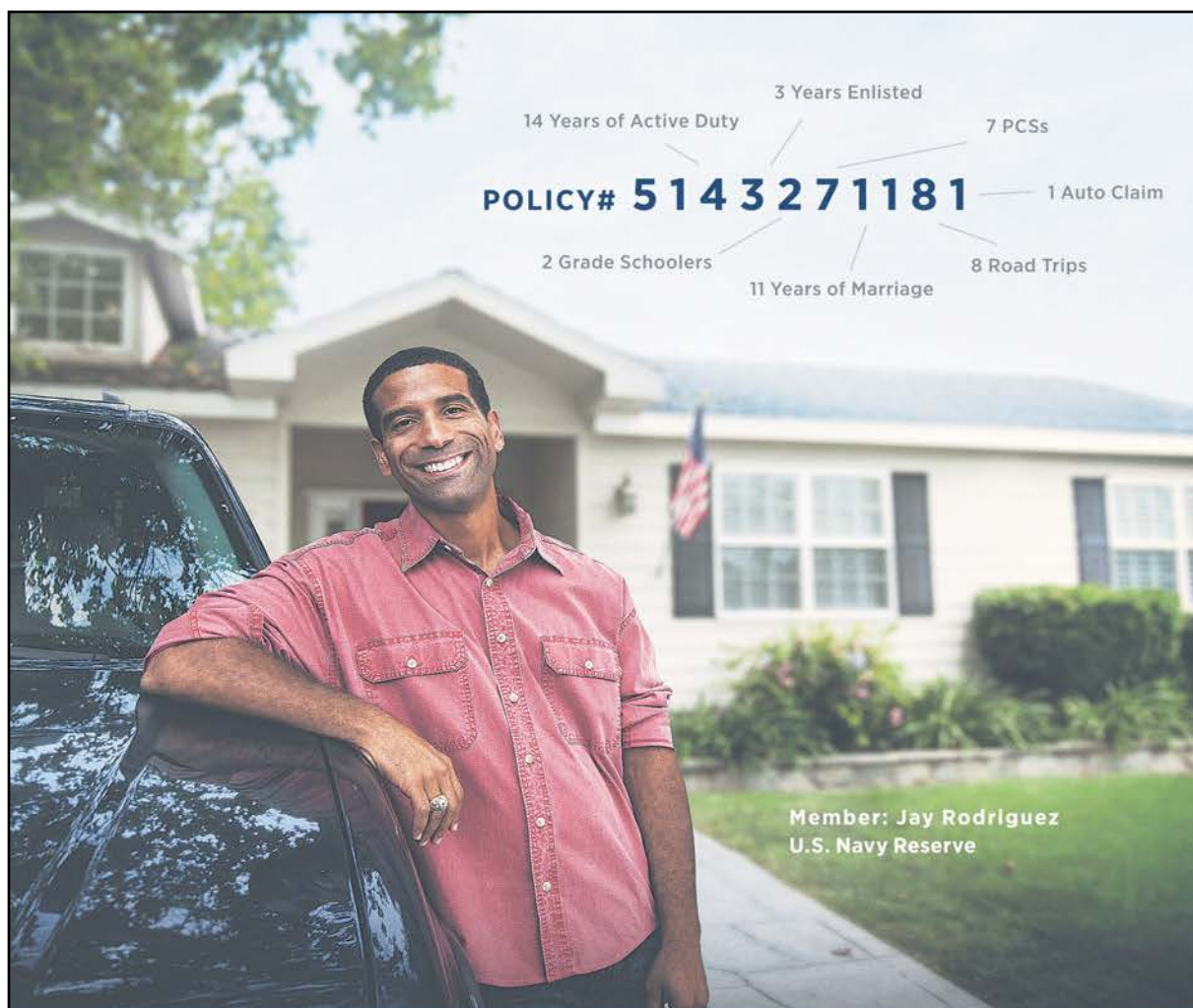
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